



**ELLIOT HEALTH SYSTEM
RESIGNATION FORM**

Please complete and give to your Department Director for submission to Human Resources.

NAME _____ LAST DAY OF WORK ___/___/___

DEPARTMENT _____ TITLE _____

REASON FOR LEAVING _____

(Please feel free to use back side of this form for further details.)

PLEASE READ CAREFULLY

Proper notice is required for an employee to be considered to have left in good standing. If you have any questions about what constitutes proper notice, please contact Human Resources. Your notice begins on the date you give this completed form to your department director.

Be sure to turn in company identification, keys and any other company property in your possession to your department director before leaving.

Please direct questions to the Human Resources Department. Thank you for your cooperation.

Signature

Date